



City of Riverside  
Personnel Policy and Procedure Manual

Approved:

\_\_\_\_\_  
Personnel Director

\_\_\_\_\_  
City Manager

Number: I-11 Effective Date: 5/92

**SUBJECT: EMPLOYEE SEPARATION**

**PURPOSE:**

To describe the procedure for separating an employee from City service and to provide for the orderly accounting of issued work items and final processing of employees separating from City employment.

**POLICY:**

When an employee notifies their supervisor that they will be separating from City employment, a Resignation (Form 131-3) shall be completed and signed by the employee. In case of the termination of an employee by the City, the letter terminating the employee will be used in lieu of Form 131-3. In all cases the Notice of Employee Separation (Form 131-110) shall be completed and, if possible, signed by the employee. Departments shall keep a record of all City-owned items issued to an employee at time of initial employment and/or at any time during the course of employment. The record shall be kept in the department files on the Employee Issue and Separation Checklist (Form 132-108).

At the time of separation from City services, an employee shall be required to contact his/her supervisor and the Personnel Department for separation processing. All items issued to an employee during the course of employment shall be accounted for and Form 132-108 completed to show final separation processing of an employee. The replacement cost of items not returned by an employee shall be deducted from the employee's final paycheck.

All separation forms, including the final P-2 (Personnel Action Form 131-2), will be sent to the Personnel Department. Prior to the date of termination, the Personnel Department shall conduct an exit interview with the terminating employee in order to systematically gather information on employee turnover and its causes.

**PROCEDURE:**

Responsibility	Action
Department	1. Issues necessary items to employee at time of employment, noting required information on Separation Checklist (Form 132-108).

- |                            |  |
|----------------------------|--|
| Employee                   | 2. Signs for items issued.   |
| Department                 | 3. Retains Separation Checklist (Form 132-108) in department's employee folder.  |
|                            | 4. Updates Form 132-108 at any time items are returned or issued during employee's service with the City.  |
| Department and/or Employee | 5. Determines separation date of employee upon termination or resignation.   |
|                            | 6. Completes and signs a Notice of Employee Separation (Form 131-110) and Resignation (Form 131-3).  |
| Department                 | 7. Instructs employee to contact Personnel Department to set up appointment for separation processing and exit interview.                            |
| Department                 | 8. Forwards to Personnel a separation P-2 (Personnel Action Form 131-2), Forms 131-110, 131-3, and any <i>letter of resignation or termination</i> . |
| Department                 | 9. Insures that all items issued to employee have been returned, initials Form 132-108.  |
|                            | 10. Notifies Payroll of any items listed on Form 132-108 not returned and the amount to deduct from final paycheck.                                  |
| Employee                   | 11. Contacts Personnel Department to arrange appointment for separation processing.  |
| Personnel Department       | 12. Sends Form 132-108 to Personnel along with ID.   |
|                            | 13. Meets with employee to process separation and conduct exit interview.  |

Finance Department/Payroll Division

14. Prepares final paycheck after receipt of separation P-2 from Personnel and forwards to employee's department head.

15. Issues final paycheck.

Personnel

16. Files Forms 132-108, 131-110, 131-3, P-2 and ID in employee official personnel file.

Attachments:

1. Employee Issue and Separation Checklist (132-108)
2. Notice of Employee Separation (131-110)
3. Resignation (131-3)

City of Riverside  
EMPLOYEE ISSUE AND SEPARATION CHECKLIST

Name: \_\_\_\_\_ Employee No. \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

DEPARTMENT ITEMS	ISSUED				RETURNED		
	AMOUNT	SERIAL NO.	DATE	SUPERVISOR INITIALS	AMOUNT	DATE	SUPERVISOR INITIALS
I. O. Card							
Conflict of Interest							
Uniforms							
Keys							
Key Card							
Parking Card							
Fuel Card							
Manuals							
Equipment*							
Exit Interview	xx						
Resignation Form 132-3	xx						
Separation Form 132-110	xx						

I understand that I will be responsible for the items listed above that I have received. I hereby agree to return all items to the City at the end of my employment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*Attach additional listing as needed.

PERSONNEL REQUIREMENTS

Insurance \_\_\_\_\_ Credit Union \_\_\_\_\_ Permanent Mailing Address \_\_\_\_\_ Retirement \_\_\_\_\_ Deferred Comp \_\_\_\_\_

Other \_\_\_\_\_

# CITY OF RIVERSIDE

## NOTICE OF EMPLOYEE SEPARATION

**URGENT**

FORWARD 2 COPIES OF THIS FORM IMMEDIATELY TO THE PERSONNEL DEPT. WITH THE SEPARATION PERSONNEL ACTION FORM (131-2R6) AND RESIGNATION FORM (131-3 R3)

The following employee to be separated on: \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Class Title: \_\_\_\_\_

Wages Reported to State of <u>CALIFORNIA</u>	First Day Worked _____ Last Day Worked _____	Rate of Pay: Starting _____ Rate of Pay: Ending _____
--	---	--

<b>REASON FOR SEPARATION</b> (check <u>one</u> and explain under remarks)		<b>04 - Discharge</b> <input type="checkbox"/> 0400 No other information <input type="checkbox"/> 0401 Insubordination <input type="checkbox"/> 0402 Violation of company rules or policies <input type="checkbox"/> 0403 Violation of safety rules <input type="checkbox"/> 0404 Reported under influence of alcohol <input type="checkbox"/> 0405 Reported under influence of drugs <input type="checkbox"/> 0410 Destruction of company property—willful <input type="checkbox"/> 0411 Destruction of company property—carelessness <input type="checkbox"/> 0412 Fighting on company property <input type="checkbox"/> 0413 Leaving work station <input type="checkbox"/> 0415 Falsification of employment application <input type="checkbox"/> 0416 Dishonesty—falsified company records <input type="checkbox"/> 0417 Dishonesty—unauthorized removal of company property <input type="checkbox"/> 0418 Dishonesty—monetary theft <input type="checkbox"/> 0419 Dishonesty—other <input type="checkbox"/> 0425 Absenteeism—unreported <input type="checkbox"/> 0426 Absenteeism—excessive and/or unauthorized <input type="checkbox"/> 0428 Tardiness—frequent <input type="checkbox"/> 0431 Failed to maintain union status <input type="checkbox"/> 0432 Excessive garnishments <input type="checkbox"/> 0436 Quality of work <input type="checkbox"/> 0437 Quantity of work <input type="checkbox"/> 0438 Poor performance <input type="checkbox"/> 0439 Probationary—not qualified for job <input type="checkbox"/> 0440 Poor judgement—no misconduct <input type="checkbox"/> 0441 Lack of technical knowledge <input type="checkbox"/> 0451 Inability to work—illness <input type="checkbox"/> 0452 Failure to pass physical	<b>05 - Vacation</b> <input type="checkbox"/> 0500 No other information <input type="checkbox"/> 0501 Scheduled vacation with pay <input type="checkbox"/> 0502 Shutdown for vacation <input type="checkbox"/> 0503 Shutdown for vacation; eligible for vacation pay <input type="checkbox"/> 0504 Shutdown for vacation; eligible for partial vacation pay
<b>01 - Lack of Work</b> <input type="checkbox"/> 0100 No other information <input type="checkbox"/> 0101 Reduction in force <input type="checkbox"/> 0102 Job eliminated <input type="checkbox"/> 0103 Reorganization <input type="checkbox"/> 0106 End of temporary employment <input type="checkbox"/> 0107 End of seasonal employment <input type="checkbox"/> 0108 Project completed <input type="checkbox"/> 0111 Partially unemployed reduced hours <input type="checkbox"/> 0116 Temporary <input type="checkbox"/> 0120 Plant closed	<b>03 - Quit</b> <input type="checkbox"/> 0300 Reason unknown <input type="checkbox"/> 0301 Abandoned job <input type="checkbox"/> 0302 Walked off job <input type="checkbox"/> 0303 Did not return from leave <input type="checkbox"/> 0304 Did not return from layoff <input type="checkbox"/> 0305 Personal—not job related <input type="checkbox"/> 0306 School <input type="checkbox"/> 0307 Marriage <input type="checkbox"/> 0308 Relocate <input type="checkbox"/> 0309 Family obligations <input type="checkbox"/> 0310 Unable to obtain babysitter <input type="checkbox"/> 0311 Transportation <input type="checkbox"/> 0315 Accept another job <input type="checkbox"/> 0316 Go into own business <input type="checkbox"/> 0320 Illness <input type="checkbox"/> 0321 Maternity <input type="checkbox"/> 0326 Enter military <input type="checkbox"/> 0330 Dissatisfaction—work hours <input type="checkbox"/> 0331 Dissatisfaction—salary <input type="checkbox"/> 0332 Dissatisfaction—working conditions <input type="checkbox"/> 0333 Dissatisfaction—performance review <input type="checkbox"/> 0334 Dissatisfaction—supervisor <input type="checkbox"/> 0335 Dissatisfaction—company policies	<b>07 - Leave of Absence</b> <input type="checkbox"/> 0700 No other information <input type="checkbox"/> 0701 Illness <input type="checkbox"/> 0702 Maternity <input type="checkbox"/> 0705 Injury—work connected <input type="checkbox"/> 0706 Injury—not work connected <input type="checkbox"/> 0710 Military <input type="checkbox"/> 0711 Family obligations <input type="checkbox"/> 0712 Personal <input type="checkbox"/> 0713 School <input type="checkbox"/> 0714 Other	<b>08 - Retirement</b> <input type="checkbox"/> 0800 No other information <input type="checkbox"/> 0801 Voluntary—with pension (contributory) <input type="checkbox"/> 0802 Voluntary—with pension (non-contributory) <input type="checkbox"/> 0803 Voluntary—without pension <input type="checkbox"/> 0806 Contractual—with pension (contributory) <input type="checkbox"/> 0807 Contractual—with pension (non-contributory) <input type="checkbox"/> 0808 Contractual—without pension <input type="checkbox"/> 0811 Involuntary—with pension (contributory) <input type="checkbox"/> 0812 Involuntary—with pension (non-contributory) <input type="checkbox"/> 0813 Involuntary—without pension <input type="checkbox"/> 0816 Disability—job related <input type="checkbox"/> 0817 Disability—not job related
		<b>06 - Labor Dispute</b> <input type="checkbox"/> 0600 No other information <input type="checkbox"/> 0601 Member of striking union <input type="checkbox"/> 0602 Refused to cross picket line <input type="checkbox"/> 0603 Strike—other union <input type="checkbox"/> 0604 Company lockout <input type="checkbox"/> 0605 Unsanction strike	<b>90 - Miscellaneous</b> <input type="checkbox"/> 9000 No information whatsoever <input type="checkbox"/> 9001 Refusal to work <input type="checkbox"/> 9002 Change of status <input type="checkbox"/> 9003 Transfer to new location <input type="checkbox"/> 9004 Disciplinary layoff or suspension <input type="checkbox"/> 9099 Death

**REMARKS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>* IMPORTANT - IF THIS SEPARATION INVOLVES A DISMISSAL PLEASE ATTACH TWO COPIES OF THE DISMISSAL LETTER TO THIS FORM.</p> <p>DIVISION / UNIT NO. _____</p> <p>Department / Division _____</p> <p>Main Office Address _____</p> <p>Completed by _____</p> <p>Title _____</p>		<p><b>FOR R. E. HARRINGTON USE ONLY</b></p> <table border="1"> <tr> <td>U.C. No.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Division</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>State Code</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Date Received</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Separation Code</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Separation Notice</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>p/r type from</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>to</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>amt.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>p/r type from</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>to</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>amt.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>p/r type from</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>to</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>amt.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	U.C. No.										Division										State Code										Date Received										Separation Code										Separation Notice										p/r type from										to										amt.										p/r type from										to										amt.										p/r type from										to										amt.									
U.C. No.																																																																																																																																																								
Division																																																																																																																																																								
State Code																																																																																																																																																								
Date Received																																																																																																																																																								
Separation Code																																																																																																																																																								
Separation Notice																																																																																																																																																								
p/r type from																																																																																																																																																								
to																																																																																																																																																								
amt.																																																																																																																																																								
p/r type from																																																																																																																																																								
to																																																																																																																																																								
amt.																																																																																																																																																								
p/r type from																																																																																																																																																								
to																																																																																																																																																								
amt.																																																																																																																																																								
<p><b>EMPLOYEE SIGNATURE</b> _____</p> <p><b>DATE</b> _____</p>																																																																																																																																																								

CITY OF RIVERSIDE  
PERSONNEL DEPARTMENT

RESIGNATION FORM

In order to receive any consideration for reemployment at a later date, each employee who resigns from the City of Riverside must complete this form.

I, \_\_\_\_\_, have been employed by the City of Riverside since \_\_\_\_\_.

My present classification is \_\_\_\_\_ and my present salary is \$ \_\_\_\_\_.

I herewith submit my voluntary resignation for the following reason:

---

---

---

---

---

---

---

Effective date of resignation: \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT HEAD'S SIGNATURE

\_\_\_\_\_  
DATE

REINSTATEMENT

An employee who resigns may be reappointed to the position subject to the following requirements based on Administrative Manual Policy No. IX-9:

Recommendation of the Department Head

2. Approval of the Personnel Director
3. A favorable medical report from the City's medical examiner
4. Reinstatement must take place within one year from the date of resignation